

## **Application Data Sheet**

### **Application Information**

|                                     |  |
|-------------------------------------|--|
| Application Type::                  | Regular  |
| Subject Matter::                    | Utility  |
| Suggested Classification::          |  |
| Suggested Group Art Unit::          |  |
| CD-ROM or CD-R?::                   | None   |
| Number of CD disks::                |  |
| Number of Copies of CDs::           |  |
| Sequence Submission?::              | None   |
| Computer Readable Form (CRF)::      | No   |
| Number of copies of CRF::           | 0  |
| Title::                             | TOOLING FOR MOLDING WITH KEYS<br>PARTICULARLY FOR THE PRODUCTION<br>OF AIR INTAKES WITHOUT CLIPS |
| Attorney Docket Number::            | 0515-1059  |
| Request for Early<br>Publication?:: | No   |
| Request for Non-Publication?::      | No   |
| Suggested Drawing Figure::          | 10   |
| Total Drawing Sheets::              | 9  |
| Small Entity?::                     | No   |
| Latin Name::                        |  |
| Variety Denomination Name::         |  |
| Petition Included?::                | No   |
| Petition Type::                     |  |
| Licensed US Gov't Agency::          |  |
| Contract or Grant Numbers::         |  |
| Secrecy Order in Parent<br>Appl.?:: | No   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: MICHEL  
Middle Name::  
Family Name:: BUGÉ  
City of Residence:: SAINT SEBASTIEN SUR LOIRE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 10 RUE DU CLOS DAVY

City of Mailing Address:: SAINT SEBASTIEN SUR LOIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-44230

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: JACQUES  
Middle Name::  
Family Name:: LALANE  
City of Residence:: SAINT ORENS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 14 ALLEE DES ROSSIGNOLS

City of Mailing Address:: SAINT ORENS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-31650

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ALAIN  
Middle Name::  
Family Name:: PORTE  
City of Residence:: COLOMIERS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 8 ALLEE DE BELLE-LLE

City of Mailing Address:: COLOMIERS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31770

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name::  
Family Name:: RAMBAUD  
City of Residence:: LES SORINIERES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 11 RUE DE LA POSTE

City of Mailing Address:: LES SORINIERES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-44840

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

|                         |        |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number::                |        |

**Domestic Priority Information**

|               |                      |                         |                         |
|---------------|----------------------|-------------------------|-------------------------|
| Application:: | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
|               |                      |                         |                         |
|               |                      |                         |                         |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| FRANCE    | 02 08014                | 6/27/02       | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name::  
Street of Mailing Address::  
  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::